

## SURGERY.

*Nature of the so-called Surgical Fever.*

General attention was first directed by Sir James Paget, in 1864, to the peculiar liability of patients to be attacked with scarlet fever after operations. The fact has been confirmed by subsequent observations. Mr. HOWARD MARSH, in a paper read at the London Congress, presented a digest of the evidence bearing on this subject afforded by the Hospital for Sick Children, and by cases collected elsewhere; and the following points he relied on to prove that although instances are not rare in which eruptions unconnected with, though somewhat like, scarlet fever, are seen after operation, many of the cases are true scarlet fever.

The frequency of the cases at the Children's Hospital when scarlet fever was treated under the same roof with surgical cases; and the rarity of cases at the present time, when scarlet fever is admitted into a separate building.

That though when they are attacked patients are placed in the fever ward, they suffer no further contagion.

That though many cases are imperfectly marked, some are severe and even fatal, and fully typical of scarlet fever.

That the cases are more frequent during epidemics of scarlet fever than at other periods.

That cases have occurred in which, on very clear evidence as to the manner of infection, typical scarlet fever has been developed a very few hours after an operation had been performed.

Considering the disease to be true, though in many instances, modified, scarlet fever, the writer proceeds to examine the general question as to the manner in which scarlet fever, and other specific diseases, are liable to be modified by the circumstances under which they are developed. Reference is incidentally made to the point that scarlet fever appears to stand alone in its tendency to attack patients directly after operations.

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*The Antiseptic Treatment in Abdominal Surgery.*

In the course of a discussion in the Surgical Section of the London Congress on recent advances in the surgical treatment of intra-peritoneal tumours, some interesting remarks were elicited concerning antiseptic surgery.

Dr. KEITH stated (*Lancet*, Aug. 13, 1881) that the antiseptic method had many warm supporters, but after having a succession of eighty successful cases, he had five deaths in the next twenty-five cases, two from carbolic poisoning, and one from septicaemia, and two from acute nephritis. On account of this mortality, and of the very frequent high temperature the evening after the operation, he had abandoned the spray in all operations, and had had one death out of twenty-seven ovariectomies without the antiseptic treatment.

Prof. LISTER stated in reference to Dr. Keith's experience, that he had dissuaded him from using antiseptics in the first instance; in such an operation there is abundant room for effusion and means of absorption, while carbolic acid both increases the one and lessens the other; but on the whole he thought antiseptic ovariectomy had been successful. Referring to the experiments detailed at Cambridge which showed that diluted septic poison may be added without effect to blood serum, though not to diluted blood serum, he further recited more recent experiments which showed that blood-clot in the body is still less favourable to the development of organisms. He expressed his belief that it is "solid bits of dirt" that are the deleterious agents, and that possibly too much atten-

tion has been paid to the finest particles floating in the air. His own results, however, were so good that he shrank from giving up any one of the details of the treatment by which he obtained them, although he quite admitted that he too might at some future time be able to say "*fort mit dem spray*"; at present he could not accept irrigation as a substitute for the spray. He denied that there was any ground for the charge that he disregarded the general condition of the patient or his hygienic surroundings. Were this true, his results being so good as admitted by all, what a strong argument it afforded to the efficacy of his merely local treatment.

The *Lancet* says there was not time for Professor Lister to touch upon the many points raised by previous speakers. If we were to attempt to give in a few words the general impression produced by the debate, we should say that the value of antiseptics was clearly recognized by all, that it was made evident that Professor Lister's aim may be attained by means other and simpler than his; that in particular the value of the spray is considered very doubtful; but more than all, that antiseptic treatment only answers one of the requirements of wound treatment, and that he only is a scientific surgeon who enlarges his views and practice to embrace all.

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*The Causes of Failure in Obtaining Primary Union in Operation Wounds.*

Prof. G. M. HUMPHRY, of Cambridge, discussed this important subject in a paper read at the London Congress. He considered the following points:—

1. The delicacy and sensitiveness of the tissues in infantile and early life, which renders them liable to inflammation and ulceration upon slight irritation.
2. The deficiency of the nutritive energy requisite for the healing processes in the atonic and aged, evinced most especially in the lower limbs, when there is disease of the arteries.

3. The presence of foreign substances in the wound, especially blood or bloody fluid, which separates the surfaces, and has, further, a tendency to decomposition.

Cut surfaces placed in apposition, and kept so, unite, unless there is some cause preventing union; witness wounds of the face, and other parts, in which there is little opportunity for the accumulation of fluid between the surfaces, and in which primary union usually takes place.

The methods most calculated to secure primary union are, therefore, those which maintain the apposition of the cut surfaces most effectually, and with least irritation, and which provide against the presence of blood or bloody fluid in the wound—sutures of such material, and applied in such manner as is least likely to cause irritation—quietude of the part, gentle, uniform pressure, and fixing on a splint where that can be done.

The effusion of blood into the wound after it has been stitched up is best prevented by carefully securing the vessels with ligature, or by torsion. Ligatures are easily applied, are almost unfailing, and are attended with little or no ill effect; the material of which they are made, together with the tissue included in them, undergoes absorption, so that it is immaterial how many are applied. The actual cautery may be used freely as an adjunct. The sponging of the wound will promote oozing at the time, and tends to lessen the risk of it afterwards. Insert drainage tube and express the blood from the wound as long as it continues to flow through the tube after the wound has been stitched up.

Antiseptics are an additional precaution, preventing the decomposition of any bloody fluid which, in spite of the above-named precautions, may be effused into the wound. They are especially valuable when cavities are opened.

Esmarch's band promotes bleeding from cut surfaces soon after its removal, but rather lessens the risk of subsequent effusion.